

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.

<p>1. Agency/Subagency originating request</p> <p><b>Department of the Interior</b> <b>Minerals Management Service (MMS)</b></p>	<p>2. OMB control number</p> <p>a. <u>1</u> <u>0</u> <u>1</u> <u>0</u> - <u>0</u> <u>1</u> <u>2</u> <u>2</u></p> <p>b. <u>  </u> None <u>  </u> <u>  </u> <u>  </u> <u>  </u></p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <u>  </u> New collection</p> <p>b. <u>  </u> Revision of a currently approved collection</p> <p>c. <input checked="" type="checkbox"/> <b>Extension of a currently approved collection</b></p> <p>d. <u>  </u> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <u>  </u> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <u>  </u> Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> <b>Regular</b></p> <p>b. <u>  </u> Emergency - Approval requested by: <u>  </u> / <u>  </u> / <u>  </u></p> <p>c. <u>  </u> Delegated</p>
<p>7. Title</p> <p><b>30 CFR Part 243 Suspensions Pending Appeal and Bonding (formerly Filing Sureties)</b></p>	<p>5. Small entities</p> <p>Will this information collection have a significant economic impact on a substantial number of small entities? <u>  </u> Yes <input checked="" type="checkbox"/> <b>No</b></p>
<p>8. Agency form number(s) (<i>if applicable</i>)</p> <p><b>Forms MMS-4435 and MMS-4436</b></p>	<p>6. Requested expiration date</p> <p>a. <input checked="" type="checkbox"/> <b>Three years from approval date</b> b. <u>  </u> Other Specify: <u>  </u> / <u>  </u> / <u>  </u></p>
<p>9. Keywords</p> <p><b>Appeals, surety instrument, financial solvency, obligation, bonding, audited consolidated balance sheet, net worth</b></p>	<p>10. Abstract</p> <p><b>Regulations in 30 CFR part 243 allow lessees, designees, or payors who can demonstrate that they are financially solvent to stay the effectiveness of an MMS order or decision without posting a surety instrument (Federal leases only). For those who are not financially solvent or for appeals involving Indian leases, MMS requires that a surety instrument be posted to secure the financial interests of the public and Indian lessors during the entire administrative or judicial appeal process.</b></p>
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <u>  </u> Individuals or households      d. <u>  </u> Farms</p> <p>b. <input checked="" type="checkbox"/> <b>Business or other for-profit</b>      e. <input checked="" type="checkbox"/> <b>Federal Government</b></p> <p>c. <u>  </u> Not-for-profit institutions      f. <u>  </u> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <u>  </u> Voluntary</p> <p>b. <input checked="" type="checkbox"/> <b>Required to obtain or retain benefits</b></p> <p>c. <u>  </u> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>                    300                    </u></p> <p>b. Total annual responses <u>                    300                    </u></p> <p>    1. Percentage of these responses collected electronically <u>                    0%                    </u></p> <p>c. Total annual hours requested <u>                    300                    </u></p> <p>d. Current OMB inventory <u>                    300                    </u></p> <p>e. Difference <u>                    0                    </u></p> <p>f. Explanation of difference</p> <p>    1. Program change <u>                    0                    </u></p> <p>    2. Adjustment <u>                    0                    </u></p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs <u>                    0                    </u></p> <p>b. Total annual costs (O&amp;M) <u>                    1                    </u></p> <p>c. Total annualized cost requested <u>                    1                    </u></p> <p>d. Current OMB inventory <u>                    0                    </u></p> <p>e. Difference <u>                    1                    </u></p> <p>f. Explanation of difference</p> <p>    1. Program change <u>                    1                    </u></p> <p>    2. Adjustment <u>                    0                    </u></p>
<p>15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input checked="" type="checkbox"/> <b>Application for benefits</b>      e. <u>  </u> Program planning or management</p> <p>b. <u>  </u> Program evaluation      f. <u>  </u> Research</p> <p>c. <u>  </u> General purpose statistics      g. <input checked="" type="checkbox"/> <b>Regulatory or compliance</b></p> <p>d. <u>  </u> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <u>  </u> Recordkeeping      b. <u>  </u> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> <b>Reporting</b></p> <p>    1. <input checked="" type="checkbox"/> <b>On occasion</b>      2. <u>  </u> Weekly      3. <u>  </u> Monthly</p> <p>    4. <u>  </u> Quarterly      5. <u>  </u> Semi-annually      6. <input checked="" type="checkbox"/> <b>Annually</b></p> <p>    7. <u>  </u> Biennially      8. <u>  </u> Other (describe)</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p style="text-align: center;"><u>  </u> Yes      <input checked="" type="checkbox"/> <b>No</b></p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Carol P. Shelby</u></p> <p>Phone: <u>(303) 231-3151</u></p>

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**Note:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3);
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

**MMS ICCO**

**OMB 1010-0122**

Signature of Senior Official or designee

H. Theodore Heintz

Date